

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="border: 1px solid black; padding: 2px;">09/936205</div>	<small>FILING DATE</small> 					
							<small>APPLICANT(S)</small>						
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
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TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		TOTAL CLAIMS	
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10		10		10		10		10		10		10	

Best Available Copy